

ORAL HEALTH ADVISORY COMMITTEE
June 10, 2005
MINUTES

COMMITTEE MEMBERS PRESENT

Patricia Craddock, DDS, Chairperson, Nevada Dental Association
Zona Hickstein, RN, Public Health Nurse Supervisor, Clark County Health District (CCHD)
Mike Johnson, LADC, BS, Saint Mary's Outreach Programs
Sharon Peterson, RDH, M.Ed, State Board of Dental Examiners
Mark Rosenberg, DDS, MPH
Tyree Davis, DDS, Clinical Manager, Miles for Smiles
Marlena Booth, Dental Director, Great Basin Primary Care Association (GBPCA) for Patricia Durbin, Deputy Director, GBPC
Betty Pate, RDH, M.Ed, University and Community College System of Nevada (UCCSN), Nevada Dental Hygienists' Association
Diana Scavacini, Marketing Specialist, WB/Azteca

COMMITTEE MEMBERS ABSENT

Joseph Patero, Senior Advocate
Victor A. Sandoval, MPH, DDS, Professor, University of Nevada Las Vegas (UNLV) School of Dental Medicine
Carol White, Ed.D, Principal, Rainshadow Community Charter High School
Michelle Kling, RN, Division Director, Washoe County District Health Department (WCDHD)

NEVADA STATE HEALTH DIVISION STAFF PRESENT

Judith Wright, Bureau Chief, Bureau of Family Health Services (BFHS)
Chris Forsch, RDH, BS, Health Program Specialist 2, BFHS
Dennis Murphy, Public Health Education (PHE) and Information Officer (IO), BFHS
Thara Salamone, Biostatistician, BFHS
Lori Cofano, RDH, Fluoridation Consultant, BFHS
Terri Chandler, RDH, Coalition Coordinator, BFHS
Deborah Aquino, Evaluation Consultant, BFHS
Mary Knight, Administrative Assistant 2, BFHS

OTHERS PRESENT

Charles Duarte, Nevada Medicaid Administrator, Department of Health Care Financing and Policy (DHCFP)
Marti Cote, RN, Medicaid Services Supervisor, DHCFP
Debbie Meyers, RN, SPPS II, DHCFP

CALL TO ORDER

Dr. Patricia Craddock called the Oral Health Advisory Committee (OHAC) to order at **10:04 am** at Saint Mary's Wellness Center in Reno. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law, this meeting was posted at the following locations: Bureau of Family Health Services (BFHS), Carson City; Kinhead Building, Carson City; Nevada State Library and Archives, Carson City; Washoe County District Health Department (WCDHD), Reno; Clark County Health District (CCHD), Las Vegas; Elko Nursing Office, Elko; Saint Mary's Wellness Center, Reno; and the Nevada State Health Division website at www.health2k.state.nv.us.

Introductions were made around the table.

APPROVAL OF MINUTES OF NOVEMBER 19, 2004

Sharon Peterson stated her last name was spelled incorrectly on page four, first line of the second paragraph. Mike Johnson moved to approve the minutes with the change noted above. The motion was seconded by Dr. Mark Rosenberg. **MOTION APPROVED.**

STATE DENTAL HEALTH CONSULTANT REPORT

Due to the absence of Dr. Michael R. Sanders no report was presented.

REPORT FROM THE DIVISION OF HEALTH CARE FINANCING AND POLICY (DHFCP).

Chris Forsch asked Chuck Duarte to report on issues related to this Legislative session and to give an update on Medicaid. Mr. Duarte stated Medicaid and Nevada ✓ Check Up appropriations are dependent on legislative decisions and since Medicaid has the largest budget in the state it makes them more vulnerable. He stated there were no major enhancements to the program during the last session and there were no substantial rate increases for professional or facility based providers with a few small exceptions. There were some federally mandated increases. These included increased reimbursements for HMOs based on actuary standards and increases for pharmaceuticals. The Legislature maintained the rate increase they made in a previous session for orthodontia and 15 other frequently used dental codes. Caseload adjustments were approved which means more people will be insured through Medicaid and Nevada ✓ Check Up. A major program initiative that came out of the Governor's budget and that will start in 2007 is called the Health Insurance Flexibility and Accountability Act Waiver. This will allow Medicaid to increase the income eligibility level for pregnant women up to 185% of the federal poverty line in 2007. Currently it is at 133%. It will also increase coverage for low income employees of companies which offer health insurance and subsidize premium payments for low-income employees and their spouses. In addition, a small amount of money was appropriated for catastrophic coverage. This is currently provided by the counties.

Mr. Duarte stated Medicaid has been working to get more dental providers. He stated they have been able to reduce their dependency on the University of Nevada Las Vegas (UNLV) School of Dental Medicine for the provision of dental services to clients of the two HMOs in southern Nevada. Sierra Health has added approximately 160 dentists to their network. The UNLV School of Dentistry will continue to provide some services through Nevada Care. Nevada Care and Sierra Health have split the population in Clark County 50/50. Nevada Care is in discussion with several dental networks to also reduce their dependency on the UNLV School of Dental Medicine. Mr. Duarte reported there have also been changes related to Nevada Health Centers, Inc., which represents Federally Qualified Health Centers. Dr. Tyree Davis noted some contracts are currently in place. Nevada Health Centers currently provides services to Medicaid and Nevada ✓ Check Up clients through a contract with the UNLV School of Dental Medicine. After July, Nevada Health Centers will become an independent provider. Mr. Duarte stated Phil Nowak has been talking with a number of out-of-state networks about establishing an HMO in northern Nevada. There is a major out-of-state provider who is leasing a significant amount of space in Reno and who will be opening a four to six chair clinic. Medicaid and this provider have been actively engaged in talks for approximately four years. Initially, this provider will only serve Medicaid and Nevada ✓ Check Up clients. Mr. Duarte reported they have also been in discussion with dentists in Douglas and hope to open up services there. Marti Cote added the recruitment and retention of providers is best done by their peers. Ms. Forsch asked if Saint Mary's and Health Access Washoe County (HAWC) will be able to continue to provide services to Medicaid and Nevada ✓ Check Up clients if an HMO network is established in northern Nevada. Mr. Duarte assured her they would. Dr. Craddock asked Mr. Duarte, Ms. Cote, or Debbie Meyers to provide information as to why they believe providers are not participating in

Medicaid. Ms. Cote stated she had heard the provider's biggest complaint is the high rate of failed appointments by Medicaid and Nevada ✓ Check Up clients. To address this, Medicaid is providing information at their provider trainings about Logisticare and about the payment of transportation fees by Medicaid. Mr. Duarte explained they have a statewide non-emergency transportation broker, Logisticare, who will provide transportation to clients to and from medical or dental appointments. The provider or client just needs to call and make the arrangements. Ms. Cote added another reason some dentists decline to accept Medicaid is because they prefer not to have them in their practice. Mr. Duarte stated this could be because of the high overhead for practices and also because of past issues related to claims payment. These barriers can best be addressed by having peer to peer discussions. Dr. Craddock asked about the application process and the forms that need to be filled out. Mr. Duarte noted this is still an issue. Dr. Craddock also asked if a survey of dentists should be done to see what it would take to get them to apply to become providers for Medicaid. It was agreed that if a survey is done it should be a combined effort between Medicaid and the Nevada Dental Association.

Ms. Forsch and Mr. Duarte provided some background regarding the Dental Clinical Review Advisory Subcommittee (CRAS). The CRAS is a subcommittee of the Medicaid Medical Care Advisory Committee (MCAC). Mr. Duarte explained the MCAC is federally mandated and its membership is dictated by federal law. The MCAC's role is two fold. One is to review regulations and make recommendations for change and the second is to review marketing materials for the HMOs. Nevada Revised Statute (NRS) allows the MCAC to establish clinical review advisory sub committees on specific areas where the broader MCAC may not have the expertise. The CRAS can review specific medical, dental, and other areas of health policy. Ms. Forsch continued by stating Dr. Craddock serves on the MCAC and had helped establish the Dental CRAS; however the Dental CRAS has not met for sometime. Dr. Craddock interjected that it was unclear as to who was to reconvene this subcommittee. Mr. Duarte replied the MCAC has the authority to reconvene the Dental CRAS. Ms. Forsch added Dr. Craddock persuaded the MCAC to re-establish the Dental CRAS, expand its member base, and require it to meet on an on-going quarterly basis. The first meeting has being rescheduled for August. Mr. Duarte stated he hoped the Dental CRAS will review the Medicaid chapters on policies and forms.

Ms. Forsch stated the Western Interstate Commission on Higher Education (WICHE) has a committee called the Health Care Access Program (HCAP) Committee. The HCAP Committee has established a subcommittee to look at the issues of the "underserved". The subcommittee is trying to determine what "underserved" actually means, how is it defined, and how to get services to this population. This subcommittee has identified issues with Medicaid. They have asked for a comparison of Nevada's Medicaid reimbursement to usual and customary charges. Mr. Duarte noted a report was prepared and provided to the chair of the WICHE HCAP subcommittee, Caroline Ford, who is also with the University of Nevada School of Medicine (UNSOM) Office of Rural Health. Mr. Duarte provided the report to those present at the meeting. Mike Johnson asked about dental utilization trends for Medicaid. He inquired if changes in the last four years have impacted utilization. Mr. Duarte stated utilization has been flat and he provided some statistics for Washoe County.

Ms. Forsch noted Ms. Cote and Ms. Meyers have been given the contact information for the editor of the Journal of the Nevada Dental Association. If there is information that needs be disseminated to all dentists, they can submit an article containing the information to the editor for publication in the Journal. This will be a good way to improve communication with dentists statewide. Ms. Cote added information about upcoming provider trainings should be submitted. Dr. Craddock thanked Mr. Duarte, Ms. Cote, and Ms. Meyers for coming and requested they

attend all OHAC meetings and that a report from Medicaid be a standing agenda item at OHAC meetings.

COMMITTEE DISCUSSION OF THE ORAL HEALTH PROGRAM REPORT AND DIRECTION TO THE PROGRAM

Goal One. To Maintain Oral Health Program Leadership Capacity

Ms. Forsch stated the most significant change was the addition of Deborah Aquino as an Evaluation Consultant to the program.

Goal Two. To Describe The Oral Health Disease Burden, Health Disparities And Unmet Needs In The State

Ms. Forsch stated no new reports have been produced since the last meeting. The data from the senior screenings has been analyzed and the report is being written. Ms. Forsch stated that a survey will be distributed to safety-net providers so that information about their programs can be included in the new comprehensive Burden Document.

Goal Three. To Update A Comprehensive Five-year State Oral Health Plan

Ms. Forsch stated the outcome of the 2005 State Oral Health Summit was the development of four regional oral health plans. Progress is being made on implementation of the plans and positive effects will be evident in the near future. She continued by saying that when the CDC did program reviews, Nevada received a 97 out of a possible 100 points. Deductions were taken because the State Oral Health Plan did not have anything related to periodontal disease or infection control. Ms. Forsch stated Nevada has no effective way to evaluate the extent of periodontal disease in the population other than the Behavior Risk Factor Surveillance Survey (BRFSS) question which asks “How many teeth have you lost to other than accident or trauma?”. She reported that research on a national level is currently underway to establish a set of questions to more effectively estimate the prevalence of periodontal disease. Once this evaluation tool is approved, it would be a separate survey from the BRFSS. A discussion took place regarding whether a survey or a basic visual screening would need to be done. Ms. Forsch stated she did not believe CDC is expecting screenings to be done. Simply placing a link on the Oral Health Program (OHP) website to the section on periodontal disease and the section on infection control at the CDC website will fulfill the requirement that periodontal disease and infection control be addressed.

Planning for the 2006 State Oral Health Summit was the next item of discussion. Ms. Forsch stated approximately \$20,000 in funding is available for the 2006 State Oral Health Summit. For the past three years, the OHP has organized this event. Ms. Forsch inquired as to whether the OHAC had any interest in putting the planning and implementation of the Summit out to bid. The members discussed who might respond to a request for proposal (RFP), what the costs would be to do it this way, what the effect on attendance might be, and what direction the summit might take under other leadership. It was agreed that a Planning Committee, facilitated by the OHP, should be established and the logistics for the Summit could be put out to bid. Judy Wright suggested contacting the Area Health Education Centers (AHECs) or the Nevada Public Health Association for the logistics part. Ms. Forsch asked for suggestions as to who should be included on the planning committee. It was suggested a representative for each of the following organizations be asked to be a part of the planning committee: Nevada Dental Association, Nevada Dental Hygienists Association, UNLV School of Dental Medicine, GBPCA, local oral health coalitions, a tribal representative, a representative from the Bureau of Community Health Services' Community Health Nursing program, a representative from the Nevada School Nurses Association, and a legislator. Ms. Forsch suggested there no more than ten members on the planning committee. She will begin the process of identifying potential members for the

Planning Committee. It was suggested that break-out sessions for skills development be added to the Summit agenda. Terri Chandler suggested sessions for the rural participants on grant writing, fundraising, and resource utilization.

Goal Four. To Sustain A Diverse Statewide Oral Health Coalition To Assist In Formulation Of Plans, Guide Projects And Identify Additional Financial Resources

Ms. Forsch stated the Northeastern Coalition for Oral Health has combined with the Tooth Fairy Council of Elko. The Tooth Fairy Council which will now be a subcommittee of the Northeastern Coalition. The Southern Rural Coalition is going to have their first video conference meeting and the Carson/Douglas Coalition has met a few times. Lyon County Healthy Smiles would like to expand beyond the clinic since it is now up and running.

Goal Five. To Enhance The Oral Disease Surveillance System By Continuing To Collect, Analyze And Disseminate Data To Support Program Activity

Thara Salamone reported on the findings of the Senior Basic Screenings Survey (BSS). She began by stating 11 assisted living facilities actually participated in the screening and 273 seniors were screened. Ms. Salamone discussed the difficulties in arranging the scheduling of the facilities and the problems faced at the sites when doing the screenings. She reported 90% of the seniors were white and 75% were female. No income guidelines were used but it was noted most participants received Medicare benefits. The major indicators show 24% had some untreated decay, 75% had caries experience (a history of decay demonstrated by the presence of an untreated cavity or the presence of a filling), 23% had no teeth, and 2% were in need of urgent care. The average age of those screened was 83 years old. In a comparison of the regions, the two largest differences came in the categories of untreated decay and urgent care. The extent of untreated decay was much the same in the northern and rural regions but it was quite different in the south. The need for urgent care was much higher in the rural regions than in the northern and southern regions. The definition of regions, as determined by the CDC, is north represents Washoe County, south represents Clark County, and rural is all other areas of Nevada. Ms. Salamone reviewed the oral questions asked of all participants before the actual screenings were done. She noted several of the questions asked are on the BRFSS. The biggest difficulty in doing this screening was the lack of facility cooperation. There were 900 seniors who could have potentially been screened but due to the lack of help from the facility staff less than 300 were seen. After a brief discussion on this issue, it was agreed the lack of cooperation is probably due to their fear of being perceived as not providing needed oral health services. Ms. Forsch suggested having Ms. Salamone present this data to the Division of Aging (DOA) and Bureau of Licensure and Certification (BLC) to see if this information is pertinent for them or if they have suggestions on how to get better results. A discussion of data collection and how to best get an overall picture of the senior population followed. Ms. Salamone suggested modifying the oral health module of the BRFSS if a regional survey is conducted. If a statewide survey is being conducted, then approximately 500 seniors would be needed. Ms. Forsch stated the data could be used to advocate for Medicaid coverage of the adult frail and elderly population. Dr. Craddock pointed out that statistics are needed to prove coverage is needed as well as training for those who provide services to seniors. Marlena Booth spoke on how the Yerington facilities train their staff on oral health care. Staff turnover was noted as a concern. Ms. Forsch asked Ms. Wright if she would contact DOA and BLC to set up a time to present this information to them.

Ms. Peterson asked about federal mandates as they relate to senior assisted living and long term care facilities. Ms. Forsch stated long term care facilities which receive federal dollars are required to do oral health assessments quarterly or when there is a change in the patient's status. If there is an identified need, they are then required to obtain the needed care. BLC is the agency responsible for monitoring compliance with these federal mandates. Ms. Forsch stated she would

send a copy of the assessment form used by the long term care facilities to those members interested in reviewing it.

Ms. Cofano stated the CDC has asked her to update Nevada's data in the Water Fluoridation Reporting System (WFRS). She met with the Bureau of Health Protection Services (BHPS) which runs the State Drinking Water Information System (SDWIS). Since, it is not required that fluoride levels be reported in SDWIS, only some data is available. The available data in SDWIS is entered into WFRS. The available data does show that naturally occurring fluoride levels above .6 parts per million are found in some areas throughout the state. This is not considered to be optimal but it is a level at which fluoride supplements should not be prescribed for children who drink the water. Ms. Forsch stated because of the inconsistent levels of naturally occurring fluoride in the water in the rural areas, no one should be prescribing fluoride supplements if testing has not been done. The Oral Health Program is in the process of sending out a flow chart that provides information on the appropriate prescribing of fluoride supplements to dentists and pediatricians throughout the state. It was suggested that an article on this issue be submitted to the Journal of the Nevada Dental Association. Ms. Forsch asked Ms. Cofano to write the article so when the editor of the journal contacts her, as she does on a quarterly basis, it will be ready.

Goal Six. To Identify Prevention Opportunities For Systematic, Socio-political And/Or Policy Change To Improve Oral Health By Conducting A Periodic Assessment Of Policy And Systems Level Strategies With Potential To Reduce Oral Disease

Ms. Forsch thanked those who completed and returned the environmental assessment questionnaire and asked Ms. Aquino to work on redoing the questionnaire so that the data obtained is more meaningful. The current questionnaire was developed by the CDC. Ms. Forsch noted that coalitions were highly rated on the assessment, an observation which Ms. Aquino confirmed. Ms. Forsch also asked Ms. Aquino prepare a report comparing the environmental assessment data collected in 2004 and 2005. The report will then be sent to the members of the OHAC prior to the next meeting. Ms. Aquino discussed other methods that might be used to identify areas of need. These additional methods would help the OHP meet goals set by the CDC related to coalitions. Ms. Aquino suggested using the oral health summit to do this. Ms. Forsch asked Ms. Aquino to submit written recommendations to the oral health summit planning committee.

Ms. Forsch stated she has heard complaints related to the Nevada State Board of Dental Examiners not getting information regarding their meetings and public hearings out in a timely manner. In addition, information on the website is sometimes missing, inaccurate or out of date. She asked Ms. Peterson if it would be appropriate for a letter to be sent to the Board from the OHAC stating these concerns. Ms. Peterson stated it would be and suggested it be sent to the attention of Kathleen Kelly, the Executive Director of the Nevada State Board of Dental Examiners. Mr. Johnson moved to have a letter sent to the Nevada State Board of Dental Examiners requesting more timely notices of meetings and more frequent and timely website updates. Dr. Davis seconded. **MOTION APPROVED.**

Mr. Johnson asked Ms. Peterson about the Board's progress related to obtaining continuing education units (CEU) for the provision of dental and dental hygiene services on a voluntary basis. Ms. Peterson stated a subcommittee on this issue has met. The subcommittee decided that non profits through which voluntary services are provided, who wish to provide CEU to the dentists and dental hygienists who provide care on a voluntary basis for them, must submit an application to the Board to become a CEU provider. The organization will determine the value of the work performed and determine how many CEUs will be issued. The CEU certificate will

then be issued by the provider. Once the procedures are written and finalized they will be distributed in the Board of Dental Examiners quarterly reports.

Ms. Forsch reported the WICHE HCAP subcommittee on the Underserved has tasked her with drafting a white paper. It will be similar to the previous white papers she has prepared. She is collaborating with Caroline Ford from the Office of Rural Health on the paper. Once approved by the subcommittee, it will be presented to the WICHE HCAP committee. Once approved by the WICHE HCAP committee, it will be presented to the OHAC and the coalitions for endorsement. It is hoped the document will be helpful in obtaining changes in policy and funding for Medicaid. Ms. Forsch also pointed out Medicaid can make some changes internally if they do not impact the budget but those issues requiring budget changes will need to be addressed during the 2007 legislative session. This is the beginning of that process.

Goal Seven. To Develop And Coordinate Partnerships To Increase State Level And Community Capacity To Address Specific Oral Disease Prevention Intervention

Ms. Forsch reported Laurie Nickles continues to provide oral health education. Nevada licensed dentists and dental hygienists were sent a continuing education course on working for individuals with developmental disabilities. This course is worth two CEU and it was approved by the State Board of Dental Examiners. Ms. Forsch stated she has received favorable responses to the course. She also reported she received curriculum from the University of the Pacific, School of Dentistry on training for long term care/skilled nursing facility (LTC/SNF) care givers. The curriculum can be used to train staff and provide them with the resources to conduct future in-house training. Ms. Nickles is currently reviewing it for use in Nevada.

Ms. Forsch stated she has not yet heard about an application submitted by the Division of Aging which was sent in through the office of Senator Harry Reid. It is her understanding that other requests were sent through his office including funding for Huntridge Teen Clinic and Renaldo Martinez Elementary school. They too have not yet heard about their applications. Ms. Forsch reported the Regional Head Start Oral Health Summits were a great success. An outcome of the Summits is the Head Start programs in the state have started to collaborate with their local oral health coalitions. Ms. Nickles and Ms. Cofano have developed a PowerPoint presentation on fluoride that can be used to educate Head Start staff, Policy Councils, Health Advisory Committees and families of children enrolled in Head Start. The PowerPoint is currently being translated into Spanish. Ms. Forsch noted pre and post tests are being developed to evaluate what is learned from these PowerPoint presentations.

Ms. Forsch noted she sent an email out to the Nevada Head Start Collaboration Office, the Nevada Head Start Association and all of the members of local oral health coalitions regarding the new Head Start Oral Health Initiative grant application. Up to \$75,000 a year for four years will be awarded to 50 grantees. She is hoping the Head Start grantees in Nevada will partner with the coalitions to apply.

Goal Eight. To Coordinate And Implement A Limited Community Water Fluoridation Program

Ms. Forsch stated Ms. Cofano is making sure the fluoridation inspections in Clark County are done and the water authorities are sending more people through training. The mailing of fluoride posters and brochures will be done after July 1, 2005. Currently Nevada statute states counties with a population of 400,000 or more must fluoridate their water. Ms. Forsch reported she monitored the last legislative session to see if a bill would be introduced to raise the population level but no bill was submitted. This is significant because Washoe County may reach this level

within the next few years. Ms. Forsch requested Ms. Cofano purchase a colorimeter after July 1 so fluoride levels in the rural areas of the state can be established.

Dr. Davis asked if contact had been made with the UNSOM Pediatric Residency Program regarding the appropriate prescribing of fluoride supplements. Ms. Forsch will draft a letter to send to the Pediatric Residency program from Dr. Craddock asking to meet with them to discuss what oral health education the Pediatric Residents receive.

Goal Nine. To Evaluate, Document And Share State Program Accomplishments, Best Practices, Lessons Learned And Use Of Evaluation Results

Ms. Forsch stated she has made four new submissions to the Association of State and Territorial Dental Directors (ASTDD) Best Practices Project. She will be working closely with Ms. Aquino on the next CDC grant application submission because it has been hinted that one state will be moved up to the next funding level. Three states are being considered; Nevada is one of them. The funding decision will be based on the application and on the ability of the program to document progress meeting the performance measures.

Ms. Forsch stated she and Ms. Cofano will be traveling to Chicago for the 60th Anniversary Celebration of Community Water Fluoridation. The CDC offered to pay for someone from the Health Division or the Nevada Dental Association (NDA) to attend. Unfortunately, the NDA could not find anyone to send. Dr. Craddock stated she would speak with Maury Astley, the Executive Director of the NDA about finding someone to attend.

Dr. Davis asked Mr. Johnson about the progress on having a mobile WIC clinic on the Saint Mary's van. Mr. Johnson stated it is up and running however the number of clients accessing services at the mobile clinic has been low. He explained they are batching services on specific provider days and this has resulted in better client retention. Services are completely grant funded.

Goal Ten. To Develop, Coordinate And Implement Limited School-Based Or School Linked Dental Sealant Programs.

Mr. Johnson updated the OHAC on the Seal Nevada North program. He stated the program went across the state to approximately ten schools. They depend solely on volunteer hygienists. Saint Mary's is currently in the process of hiring two hygienists for the program. The Seal Nevada South program started up again in April. They have visited three schools. They have had an 80% response rate compared to previous attempts where they had only a 25% response rate. Ms. Peterson attributed the difference to offering the children a party as an incentive to return their consent forms. The screenings were very successful overall.

COMMITTEE DISCUSSION OF THE OHAC DISABILITIES SUBCOMMITTEE REPORT AND DIRECTION TO THE SUBCOMMITTEE.

Ms. Forsch reported that at the request of the OHAC Disabilities committee, she has drafted a white paper on oral health for individuals with special needs. She will submit the white paper to the committee for them to review. After approval by the committee, it will be sent to the coalitions for endorsement. The final draft will then be sent to the State Health Division Administration for approval. Dr. Craddock will be teaching a course to students at UNLV School of Dental Medicine on how to work with individuals with special needs. The course will be seven weeks long and will include rotations at a surgical center. Ms. Forsch stated she has spoken with Dr. Paul Glassman at the University of the Pacific Dental School regarding a survey he conducted in 1999 on the provision of oral health care to clients with special needs. Dr. Glassman has agreed to share some of the survey instruments he used with the OHP. This information will be

used to assist the program with development of a similar survey. The survey will be used to find out what concerns providers have related to working with individuals with special needs, what patient populations they see, what they feel they need to have in order to be able and willing to see these patients, and what resources this population is currently using. Dr. Craddock stated that fear of the unknown is a barrier for many dentists and training and education are the ways to get overcome this fear. The majority of special needs individuals can be seen in a regular office setting. Ms. Forsch reported the data shows that Nevada's percentage of individuals with special needs is growing at the fastest rate in the nation.

COMMITTEE CALENDAR. DETERMINE DATE FOR FUTURE MEETINGS

Ms. Forsch stated the CDC will be holding their grantee meeting in Reno on September 20 through September 22, 2005. She suggested the next OHAC meeting be held on Friday, September 23, 2005 in Reno. The location of the meeting will be determined at a later date.

PUBLIC COMMENTS AND DISCUSSION

Ms. Peterson reported she attended the National Oral Conference and was pleased to announce Ms. Forsch received the ASTDD President's award for all of her efforts.

No other comments were given.

ADJOURNMENT

The meeting was adjourned at **1:26 pm.**